Ministry of Health
Drug Plan and Extended Benefits Branch

Annual Report for 2016-17

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Drug Plan and Extended Benefits Branch

MISSION STATEMENT

Drug Plan and Extended Benefits Branch promotes citizen-centred service through the provision of drug plan and extended health benefits to eligible residents by:

- **promoting rational and appropriate use of drug therapies and extended benefits;**
- **ensuring the long term viability of benefits provided by pursuing better value strategies such as low cost alternative policies, product listing agreements and generic drug pricing strategies; and,**
- **providing quality and timely information to the public and various stakeholders regarding policies, benefit assessment and program utilization.**

In 2016-17, the Drug Plan and Extended Health Benefits supported the Ministry's key strategic focus areas by pursuing the following activities:

Better Value

- In April 2016, as a result of the pan-Canadian Pharmaceutical Alliance (pCPA) Generic Price Initiative, Canadian provinces and territories reduced the price of another four high volume molecules to 18% of the equivalent brand name drug, which brings the total to eighteen molecules since April 1, 2013.
- Saskatchewan has benefited from the pCPA approach to pharmaceutical collaboration for both brand and generic drugs. As of March 31, 2017, these collaborative efforts between participating public drug plans across Canada for brand name and generic drugs have resulted in lower drug costs and an estimated $1.28 billion in combined savings annually.
- Achieved savings in the cost of metabolic formulas and low protein foods by working with Alberta and British Columbia to leverage the New West Partnership Trade Agreement.

Better Care

- Re-engaged the SAIL Advisory Committee with representatives from across Saskatchewan with professional medical expertise in a variety of areas. The Committee provides advice on the SAIL's Paraplegia, Special Needs Equipment and Orthotics and Prosthetics Programs.
- Introduced mechanical in-exsufflation devices as a benefit under the Respiratory Benefit Program for patients with neuromuscular conditions. These devices reduced the need for respiratory outpatient consults and supported the 2016-17 Ministry strategic priority of reducing emergency room waits.
- New drug therapies for hepatitis C virus (HCV) were added to the Saskatchewan formulary in 2015. They provide improved outcomes, require shorter duration of treatment and are better tolerated. They greatly improve the quality of life of those affected. In 2016-17, the Drug Plan paid $12.3 million to provide HCV treatment to 221 beneficiaries.

Drug Plan and Extended Benefits Branch

Better Teams

- Ongoing engagement in evidence-based national drug initiatives including the Common Drug Review and the pan-Canadian Pharmaceutical Alliance.

Drug Plan

Highlights for 2016-17

- **Drug claims processed for Formulary and Exception Drug Status drugs:**
  - processed 13.3 million prescriptions from April 1, 2016 to March 31, 2017
  - provided benefits in the amount of $330.0 million
  - total average cost per prescription was $44.94 (includes drug acquisition, mark-up, dispensing fee and compounding fee)
- 56.7% of beneficiaries that purchased a prescription received a benefit from one of the Drug Plan programs.
- **The Seniors' Drug Plan:**
  - 108,054 seniors (88,251 families) received benefits in the amount of $64.9 million
  - assisted, on average with 70.3% of the total prescription costs
- **The Special Support Program:**
  - 91,707 individuals (64,151 families) received benefits in the amount of $154.2 million
  - assisted, on average with 74.0% of the total prescription costs
- **The Children's Drug Plan:**
  - 56,622 children (45,061 families) received benefits in the amount of $7.5 million
  - assisted, on average with 66.5% of the total prescription costs
- **The Supplementary Health (Social Assistance) Program:**
  - 50,721 individuals (45,452 families) received benefits in the amount of $55.8 million
  - assisted on average with 98.7% of the total prescription costs
- **Palliative Care Program:**
  - terminally ill patients covered under the Palliative Care Program received 144,782 prescriptions at no charge
  - the Drug Plan payment for Palliative Care totalled $7.1 million

Drug Plan

Program Objectives

Objective 1 – Provide coverage to Saskatchewan residents for quality pharmaceutical products of proven therapeutic effectiveness

- The Drug Plan establishes the Saskatchewan Formulary which is an approved list of quality pharmaceutical products of proven therapeutic effectiveness. The process for review and approval of Formulary Drugs can be found on the Formulary website http://formulary.drugplan.ehealthsask.ca
- At March 31, 2017, there were 5,418 Drug Identification Numbers (DINs)[1] listed on the Saskatchewan Formulary.
  - 3,952 were Formulary DINS; and,
  - 1,466 were Exception Drug Status (EDS) DINs (see page 19 for a description of EDS).

Objective 2 – Reduce the direct cost of prescription drugs for Saskatchewan residents

- The Drug Plan provides a number of coverage programs based on financial need, medical condition and other criteria.
- The coverage programs specifically target the young, seniors and those households with high drug costs relative to their incomes. Programs also recognize the high drug costs associated with certain diseases and conditions.
- In 2016-17, the Drug Plan paid 55.0% of the $599.9 million eligible drug costs. The programs are detailed in the following pages.

[1] A DIN is a computer-generated eight digit number assigned by Health Canada to a drug product prior to being marketed in Canada. It uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada.

Drug Plan

Supporting Information

Table 1 Types of Drug Plan Coverage

April 2016 - March 2017

	2012-13	2013-14	2014-15	2015-16	2016-17
Supplementary Health (Social Assistance)					
Actual Beneficiaries	44,970	43,698	44,751	47,389	50,721
Total Drug Benefits Paid (Millions)	$41.3	$42.7	$45.5	$51.0	$55.8
Number of Prescriptions	910,347	904,228	958,348	1,017,763	1,081,164
Special Beneficiaries					
Actual Beneficiaries	5,439	5,488	7,046	10,820	12,273
Total Drug Benefits Paid (Millions)	$18.9	$20.0	$20.3	$20.9	$21.6
Number of Prescriptions	161,862	167,025	173,602	180,818	186,159
Palliative Care					
Actual Beneficiaries	3,183	3,335	3,437	3,503	3,650
Total Drug Benefits Paid (Millions)	$5.7	$6.4	$6.8	$7.0	$7.1
Number of Prescriptions	116,598	126,624	132,801	136,515	144,782
Special Support					
Actual Beneficiaries	97,013	92,896	93,970	93,084	91,707
Total Drug Benefits Paid (Millions)	$125.0	$127.4	$135.8	$149.0	$154.2
Number of Prescriptions	3,650,423	3,491,895	3,606,823	3,610,317	3,665,042
Income Supplement					
Actual Beneficiaries	16,551	17,172	16,261	17,711	19,548
Total Drug Benefits Paid (Millions)	$4.8	$4.9	$4.7	$4.9	$5.4
Number of Prescriptions	391,121	405,084	388,803	421,040	496,281
Family Health Benefits					
Actual Beneficiaries	22,766	22,034	21,086	19,969	19,807
Total Drug Benefits Paid (Millions)	$3.8	$3.7	$3.7	$3.5	$3.6
Number of Prescriptions	139,019	134,616	130,322	124,770	124,349
Emergency Assistance					
Actual Beneficiaries	275	307	315	406	387
Total Drug Benefits Paid (Millions)	$0.1	$0.1	$0.2	$0.2	$0.2
Number of Prescriptions	870	992	1,113	1,299	1,108
Seniors' Drug Plan					
Actual Beneficiaries	117,254	118,786	120,514	119,707	108,054
Total Drug Benefits Paid (Millions)	$68.4	$73.7	$75.9	$73.8	$64.9
Number of Prescriptions	1,764,104	1,810,372	1,829,618	1,724,737	1,153,612
Children's Drug Plan					
Actual Beneficiaries	54,035	61,331	66,618	68,892	56,622
Total Drug Benefits Paid (Millions)	$5.5	$6.2	$6.9	$7.7	$7.5
Number of Prescriptions	149,865	172,289	190,152	198,472	157,833
Other [1]					
Actual Beneficiaries [2]	119,011	147,363	162,294	212,157	247,156
Total Drug Benefits Paid (Millions)	$5.1	$6.5	$7.2	$9.0	$9.6
Number of Prescriptions	4,610,253	5,046,745	5,238,235	5,660,518	6,337,665

Actual Beneficiaries are the number of total beneficiaries who received part or all of their drug cost paid by the Drug Plan.

Note: Beneficiaries may appear in more than one category if they had prescriptions paid under more than one coverage.

1 Includes Special Fees, Standard Beneficiaries and Special Support (100% co-pay).

2 Number of Actual Beneficiaries are increasing due to expanded prescribing authority for Saskatchewan Pharmacists (see page 20), and the commencement of community pharmacist participation in the provincial seasonal influenza immunization program in 2015-16.

Drug Plan

Types of Drug Plan Coverage

1. ***Supplementary Health (Social Assistance) Program***

   Residents eligible to receive benefits through the Supplementary Health Program are entitled to Drug Plan benefits at a reduced charge, or at no charge depending on their level of coverage. Deductibles are waived for these beneficiaries.

   a. ***Plan One***

      Plan One beneficiaries 18 years or older are entitled to receive insulin, oral hypoglycemics, injectable vitamin B12, allergenic extracts, oral contraceptives and some products used in megavitamin therapy at no charge. These beneficiaries pay a reduced charge, to a maximum of $2.00, for all Formulary and approved Exception Drug Status drugs.

      Dependents under 18 years of age are entitled to receive the above benefits at no charge.

   b. ***Plan Two***

      Beneficiaries receiving Plan Two coverage are entitled to receive the same benefits as Plan One patients, but at no charge.

      Plan One beneficiaries requiring several Formulary drugs on a regular basis can be considered for "Plan Two" drug coverage. Plan Two drug coverage may be initiated by contacting the Drug Plan. The request can be made by the patient or a health professional (e.g. physician, social worker).

   c. ***Plan Three***

      Plan Three beneficiaries are entitled to receive all Formulary drugs at no charge.

      Plan Three beneficiaries are residents receiving supplementary assistance who live in Special-Care homes licensed under *The Housing and Special-Care Homes Act*, Approved Homes licensed under *The Mental Health Act*, wards of the province and inmates of provincial correctional institutions.

2. ***Special Beneficiaries***

   Special Beneficiaries include persons approved for coverage under the Paraplegic Program, Cystic Fibrosis Program, Chronic End-Stage Renal Disease Program, and users of certain no-charge high cost drugs, depending on their coverage. These beneficiaries may be entitled to receive certain physician prescribed over-the-counter drugs, Exception Drug Status drugs, or all prescribed Formulary drugs at no charge under the Drug Plan.

3. ***Palliative Care***

   Persons in late stages of terminal illness are entitled to receive at no cost:

   - regular Formulary drugs;
   - Exception Drug Status drugs where prior approval has been granted;
   - some commonly prescribed laxatives and select other medications required for end of life care.

4. ***Special Support***

   The Special Support Program helps those families whose drug costs are high in relation to their income. If the annual drug costs exceed 3.4% of the family adjusted income (income after adjusting for the number of dependents), the family is eligible for Special Support benefits. Residents must apply for the Special Support Program, as the Drug Plan does not have access to the required income information. If a family is eligible for Special Support, the family and the Drug Plan share the prescription cost. The family co-payment is calculated using drug costs and adjusted family income.

5. ***Income Supplement***

   Single seniors and senior families receiving the Seniors Income Plan (SIP) or receiving the federal Guaranteed Income Supplement (GIS) and residing in a nursing home have a $200 annual deductible with a 35% co-payment thereafter. Other single seniors and senior families receiving GIS have a $400 annual deductible with a 35% co-payment thereafter. Seniors are encouraged to apply for Special Support or the Seniors' Drug Plan to see if they qualify for enhanced coverage.

6. ***Family Health Benefits***

   Families are eligible for the Family Health Benefits Program if they meet the standards of an income test administered by the Canada Revenue Agency, or are in receipt of benefits from Saskatchewan Employment Supplement (SES) or the Saskatchewan Rental Housing Supplement (SRHS).

   Comprehensive Supplementary Health Benefits are available to children under the age of 18 who qualify (dental, optical, Formulary drugs, medical supplies and appliances and ambulance services).

   Partial benefits are available for adults in qualifying families (eye examinations, chiropractic treatments, $100 semi-annual family Drug Plan deductible with a 35% consumer co-payment thereafter).

7. ***Emergency Assistance***

   Residents requiring immediate treatment with benefit prescription drugs who are unable to pay their share of the cost, may access a one-time emergency assistance. The level of assistance provided will be in accordance with their ability to pay. They are then required to submit a completed "special support application" to the Drug Plan in order to receive future assistance.

   Emergency assistance may only be requested by a pharmacist on the resident's behalf.

Drug Plan

8. *Seniors' Drug Plan*

Under the Seniors' Drug Plan, eligible seniors 65 years and older pay up to $25 per prescription (increased from $20 on June 1, 2016) for drugs listed on the Saskatchewan Formulary and those approved under Exception Drug Status. Residents must apply for coverage under this program.

Eligible seniors already receiving other Drug Plan coverage that provides prescriptions at less than the maximum will continue to pay the lower amount.

9. *Children's Drug Plan*

The Children's Drug Plan is available to all Saskatchewan children 14 and under. The Children's Drug Plan will ensure families pay only $25 per prescription for eligible children (increased from $20 on June 1, 2016) for drugs listed on the Saskatchewan Formulary and those approved under Exception Drug Status. No application is required for the Children's Drug Plan, as children 14 and under are automatically eligible for coverage.

Children already receiving other Drug Plan coverage that provides prescriptions for less than the maximum will continue to pay the lower amount.

10. *Other*

Other includes Special Fees, Standard Beneficiaries and Special Support (100% co-pay).

Special Fees – Pharmacies receive payment for services provided by pharmacists under Drug Plan professional programs:

- Providing medication assessments and compliance packaging under the Saskatchewan Medication Assessment Program and the Medication Assessment and Compliance Packaging Program;
- Prescribing an eligible prescription medication under the Minor Ailments Program;
- Prescribing an eligible prescription medication under the Emergency Contraception Pill prescribing program;
- Prescribing an interim or emergency supply of a prescription medication under the Prescriptive Authority Program;
- Refusing to dispense a monitored drug if there are concerns of potential misuse or abuse under the Refusal to Dispense program;
- Providing medication reconciliation for a client upon their discharge from an acute care facility under the Seamless Care Program;
- Administering a flu vaccination as part of the Province's seasonal influenza immunization program;
- Counselling individuals to stop smoking under the Partnership to Assist with the Cessation of Tobacco Program;
- Observing patient administration of eligible medications under the Direct Observed Therapy Program;
- Providing monitoring and supervision under the Methadone and Suboxone Managed Care program; and,

- Providing a patient with smaller quantity of their new prescription to determine whether it is effective and/or tolerated under the Trial Prescription Program.

Standard Beneficiaries – Beneficiaries who do not apply for, or are not eligible for, Drug Plan coverage.

Special Support (100% co-pay) – eligible Saskatchewan residents who apply for special support where the family co-payment for each covered prescription is set at 100% based on the relation between family income and eligible drug cost.

Drug Plan

2016-17 Utilization Trends

Table 2 Total Beneficiary and Drug Plan Payments

April 2016 - March 2017

	Discrete Beneficiaries [1]	Actual Beneficiaries [2]	Number of Prescriptions	Total Approved Prescription Cost	Total Drug Plan Payment
2006-07	615,422	198,633	9,626,629	$402,322,418	$198,843,985
2007-08	626,875	248,558	10,123,194	$435,191,159	$245,366,836
2008-09	631,941	283,013	10,482,967	$470,209,636	$268,047,354
2009-10	645,615	300,476	10,858,514	$510,324,389	$289,720,147
2010-11	659,121	307,720	11,256,610	$525,812,379	$297,920,254
2011-12	665,815	342,788	11,652,370	$524,879,507	$296,599,561
2012-13	681,423	342,718	11,894,462	$513,132,824	$278,583,073
2013-14	697,634	361,473	12,259,870	$537,965,286	$291,596,186
2014-15	711,643	378,057	12,649,817	$560,869,845	$306,973,972
2015-16	731,393	413,569	13,076,249	$586,425,816	$326,856,892
2016-17	745,546	422,923	13,347,995	$599,911,690	$329,971,745

1 Discrete Beneficiaries are the number of beneficiaries who received a prescription. This includes beneficiaries who do not apply for, or are not eligible for, Drug Plan coverage. Discrete beneficiaries are counted once within each fiscal year.

2 Actual Beneficiaries are the number of total beneficiaries who received part or all of their drug cost paid by the Drug Plan.
Note: 2011-12 Actual Beneficiaries increased by 11.4% primarily due to expanded prescribing authority for Saskatchewan Pharmacists (see page 17).
2015-16 Actual Beneficiaries increased by 9.4% primarily due to community pharmacist participation in the provincial seasonal influenza immunization program.

From 2015-16 to 2016-17:

- More beneficiaries are receiving a benefit under the Drug Plan. The number of discrete beneficiaries increased by 1.9% and the number of actual beneficiaries increased by 2.3%.
- The number of prescriptions increased by 2.1%, total approved prescription cost increased by 2.3% and total Drug Plan payment increased by 1.0%. The total approved prescription cost is increasing at a higher percentage than the number of prescriptions due to an increase in the utilization of higher cost drugs.

Drug Plan

Table 3 Distribution of Prescription Drug Plan Costs

April 2016 - March 2017

Approved Prescription Costs (all programs combined)	**($000s)**
Acquisition Cost	427,164
Mark-up	32,463
Dispensing Fee	138,778
Compounding Portion of Mark-up	1,506
Total Approved Prescription Cost	***599,912***
Less: Consumer Payments	(269,940)
Total Prescription Drug Plan Payments [1]	***329,972***
Third Party payments/manual adjustments [2]	(29,116)
Net Payments by MIDAS System [3]	**300,856**

1 Drug Plan payments refer to formulary drugs and exception status drugs.

2 Third Party payments/manual adjustments include refunds to vote, year-end adjustments made in accordance with accounting policies and payments outside the online system such as payments to the RHA's.

3 MIDAS is a central financial system.

Table 4 (on page 15) highlights three factors that contribute to the change in growth: number of prescriptions per beneficiary; average prescription cost; and cost of prescriptions per beneficiary.

The total average number of prescriptions per discrete beneficiary remained constant, the total average prescription cost increased by 0.2%, and the total cost of prescriptions per discrete beneficiary increased by 0.4% for all beneficiaries.

The total cost of prescriptions per discrete beneficiary increased for beneficiaries age 44 and younger, and age 75 and older. The range of increases / (decreases), based on age, was 8.4% for 15 to 24 year olds to (1.4%) for 65 to 74 year olds.

Table 4 Prescription Drug Utilization Trend by Age of Discrete Beneficiary

April 2016 - March 2017

Age of Beneficiary	2012-13	2013-14	2014-15	2015-16	2016-17	% increase (decrease) 15-16 to 16-17
Average Number of Prescriptions Per Discrete Beneficiary						
0 - 4	3.4	3.4	3.4	3.4	3.4	0.0%
5 - 14	4.1	4.1	4.1	4.2	4.2	0.0%
15 - 24	6.3	6.5	6.7	6.9	7.1	2.9%
25 - 34	7.7	7.8	7.9	8.1	8.3	2.5%
35 - 44	10.6	10.7	11.0	11.2	11.3	0.9%
45 - 54	15.7	16.0	16.4	16.5	16.6	0.6%
55 - 64	22.7	22.8	23.1	23.1	23.1	0.0%
65 - 74	32.5	32.7	32.8	32.7	32.2	(1.5%)
75 - 84	41.7	42.3	42.8	42.8	42.7	(0.2%)
85 and over	47.3	48.1	48.4	49.3	49.3	0.0%
Total	**17.5**	**17.6**	**17.8**	**17.9**	**17.9**	**0.0%**
Average Prescription Cost [1]						
0 - 4	$28.66	$29.04	$30.52	$29.60	$31.45	6.2%
5 - 14	$54.06	$55.02	$55.24	$58.35	$59.87	2.6%
15 - 24	$48.16	$50.96	$52.38	$52.06	$54.87	5.4%
25 - 34	$51.05	$53.17	$55.28	$57.16	$56.88	(0.5%)
35 - 44	$54.00	$55.78	$56.79	$57.82	$57.78	(0.1%)
45 - 54	$50.25	$51.40	$51.92	$53.62	$53.21	(0.8%)
55 - 64	$44.92	$45.48	$45.73	$47.53	$47.13	(0.8%)
65 - 74	$41.22	$41.52	$41.68	$41.35	$41.36	0.0%
75 - 84	$36.90	$36.93	$36.82	$35.88	$36.10	0.6%
85 and over	$31.69	$31.71	$31.85	$30.53	$30.54	0.0%
Total	**$43.14**	**$43.88**	**$44.34**	**$44.85**	**$44.94**	**0.2%**
Total Cost of Prescriptions Per Discrete Beneficiary						
0 - 4	$97.01	$98.06	$104.98	$100.54	$107.08	6.5%
5 - 14	$221.54	$225.35	$228.52	$243.17	$249.24	2.5%
15 - 24	$304.54	$329.48	$350.31	$357.98	$387.92	8.4%
25 - 34	$394.31	$414.05	$436.33	$461.75	$471.52	2.1%
35 - 44	$572.75	$596.49	$623.69	$647.56	$651.04	0.5%
45 - 54	$790.39	$824.80	$849.66	$886.97	$883.98	(0.3%)
55 - 64	$1,018.89	$1,038.53	$1,055.34	$1,099.90	$1,087.61	(1.1%)
65 - 74	$1,340.27	$1,359.08	$1,367.71	$1,351.48	$1,332.92	(1.4%)
75 - 84	$1,538.65	$1,561.41	$1,574.46	$1,535.63	$1,541.13	0.4%
85 and over	$1,498.49	$1,524.24	$1,542.24	$1,503.84	$1,506.48	0.2%
Total	**$753.03**	**$771.13**	**$788.13**	**$801.79**	**$804.66**	**0.4%**

1 Includes Drug Acquisition Cost, mark-up and dispensing fees paid to pharmacies.

Drug Plan

2016-17 Utilization by Families

The average total prescription cost for families in 2016-17 was $1,211.49. The average family share of total prescription costs was $545.13 (45.0%) and the average Drug Plan share was $666.36 (55.0%).

Table 5 Prescription Cost to Families

April 2016 - March 2017

Total Cost to Family Unit	# of Family Units [1]	# of Prescriptions [2]	Drug Material Cost [3]	Total Approved Prescription Cost [4]	Net Family / Insurance Payments [5]	Total Drug Plan Payment [6]
$ Nil	30,857	758,818	$30,727,472	$37,841,590	$0	$37,841,590
$ 00.01 - 100.00	120,465	633,028	$23,051,717	$29,605,428	$5,473,061	$24,132,366
$ 100.01 - 200.00	58,152	564,656	$16,156,135	$22,033,817	$8,552,960	$13,480,857
$ 200.01 - 300.00	45,764	590,420	$16,329,218	$22,533,486	$11,330,782	$11,202,704
$ 300.01 - 400.00	34,429	609,005	$17,839,696	$24,231,399	$11,991,656	$12,239,743
$ 400.01 - 500.00	29,736	697,700	$20,483,902	$27,797,548	$13,350,399	$14,447,149
$ 500.01 - 600.00	25,850	787,957	$21,600,424	$29,883,431	$14,187,569	$15,695,862
$ 600.01 - 700.00	21,363	795,295	$21,171,502	$29,549,642	$13,849,584	$15,700,058
$ 700.01 - 800.00	17,882	746,467	$20,511,854	$28,368,062	$13,378,577	$14,989,485
$ 800.01 - 900.00	14,824	677,036	$18,776,853	$25,879,933	$12,570,041	$13,309,892
$ 900.01 - 1000.00	12,582	620,972	$16,472,877	$22,980,413	$11,934,103	$11,046,310
$ 1000.01 - 1250.00	24,163	1,367,552	$37,823,548	$52,173,787	$26,989,798	$25,183,989
$ 1250.01 - 1500.00	16,447	1,048,915	$30,310,107	$41,319,229	$22,490,230	$18,828,999
$ 1500.01 - 1750.00	11,413	812,935	$25,917,423	$34,414,869	$18,466,265	$15,948,604
$ 1750.01 - 2000.00	7,981	616,511	$20,527,647	$26,988,137	$14,904,900	$12,083,236
$ 2000.01 - 2250.00	5,643	461,126	$16,354,685	$21,169,466	$11,947,574	$9,221,892
$ 2250.01 - 2500.00	4,196	364,066	$13,935,672	$17,726,793	$9,937,625	$7,789,169
$ 2500.01 - 3000.00	5,381	475,184	$23,308,590	$28,226,869	$14,660,653	$13,566,216
$ 3000.01 - 3500.00	2,942	270,179	$15,670,987	$18,452,219	$9,495,026	$8,957,192
$ 3500.01 - 4000.00	1,765	163,412	$12,182,508	$13,847,633	$6,566,852	$7,280,781
$ 4000.01 - 4500.00	1,079	103,239	$9,299,272	$10,349,777	$4,561,580	$5,788,198
$ 4500.01 - 5000.00	668	60,750	$7,081,949	$7,692,685	$3,152,212	$4,540,473
$ 5000.01+	1,450	118,852	$25,405,337	$26,614,637	$10,177,067	$16,437,570
Less than Zero	154	3,920	$194,143	$230,841	($28,568)	$259,410
Total	**495,186**	**13,347,995**	**$461,133,516**	**$599,911,690**	**$269,939,945**	**$329,971,745**

1 A Family Unit includes all beneficiaries registered under one family number through eHealth Saskatchewan, Health Registries. Beneficiaries may belong to more than one Family Unit within a fiscal year. In this table beneficiaries are included under their most recent family number in the time period.

2 # of Prescriptions refers to Formulary and Exception Drug Status drugs. This total includes Special Fees, Diagnostic Agents and Diabetic Supplies.

3 Drug Material Cost includes Total Acquisition Cost + Mark-up and Compound Fee, if applicable, less Discount, if applicable.

4 Total Approved Prescription Cost is the total approved amount of the Drug Material Cost, as well as the approved pharmacy dispensing fee.

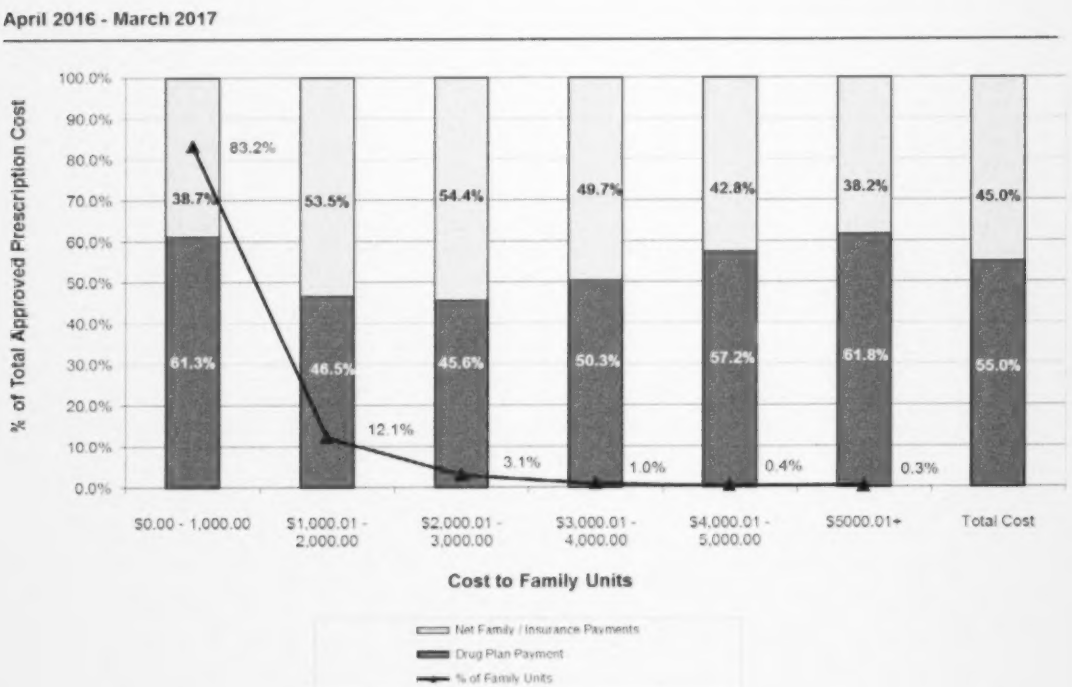
5 Net Family / Insurance Payments is the total cost paid by families and/or their insurance plans towards the total approved cost of the prescriptions. In some cases, the value of this field is negative due to adjustments and payment reversals made in the previous time period.

6 Total Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less portion paid by families and their insurance plans.

Drug Plan

The majority of families (83.2%) have drug costs less than $1,000 and the Ministry of Health pays 61.3% of their total approved prescription cost. Only 0.3% of families have drug costs greater than $5,000.01 and the Ministry of Health pays 61.8% of their total approved prescription cost.

Chart 1 Prescription Cost to Families as a % of Total Approved Prescription Cost



Exception Drug Status Program Growth

Spending on Exception Drug Status (EDS) prescriptions has increased significantly over the past five years as a result of a shift to higher cost drugs in the EDS category (e.g. biologics, Expensive Drugs for Rare Diseases, hepatitis C drugs, etc.). In 2011-12, EDS prescriptions represented 10.0% of total prescriptions and accounted for 42.0% of branch's overall spend on prescription drugs. By 2016-17, EDS prescriptions represented 8.0% of total prescriptions and the percentage spent on EDS drugs increased to 55.4% of the total drug plan share.

Drug Plan

Objective 3 – Reduce the cost of drug materials

Better Value

To help ensure the viability of the Drug Plan, and to be better able to provide coverage for new drugs through the Saskatchewan Formulary, the Drug Plan has the following "better value" strategies in place:

- **Low Cost Alternative Policy**

  Interchangeable products are different brands of the same drug with the same strength and dosage form that are equivalent in therapeutic effectiveness and quality. In the case where more than one interchangeable product is available, the Drug Plan reimbursement is calculated on the price of the lowest cost interchangeable generic drug.

- **Product Listing Agreements (PLA)**

  The Drug Plan enters into product listing agreements with drug manufacturers. These types of agreements result in better value for public funds spent on drugs and assist in managing the financial risk associated with drugs listed on the Saskatchewan Formulary. The ensuing cost savings help to offset Drug Plan expenditures and/or are available to provide additional benefits.

- **Pan-Canadian Pharmaceutical Alliance (pCPA)**

  - **pCPA Brand Drugs**

    This initiative capitalizes on the combined negotiating power of federal/provincial/territorial public drug programs to achieve lower drug costs and consistent pricing, increase access to clinically effective and cost-appropriate drug treatment options, improve consistency of drug funding decisions and reduce duplication and improve resource utilization across Canada.

  - **pCPA Generic Drugs**

    - **Pan-Canadian Generic Prices**

      The prices of eighteen of the most common generic drugs have been lowered to 18% of the equivalent brand product in a phased approach in participating jurisdictions.

    - **Tiered Pricing Framework**

      The framework was established for consistent pricing of newly listed generic drugs across all participating provinces/territories to provide savings, increased predictability and consistency.

- **Maximum Allowable Cost Policy (MACP)**

  Promotes the use of lower cost drugs by limiting the maximum price the Drug Plan pays to the price of the most cost-effective drug within a group of similar drugs that treat the same condition.

Drug Plan

Objective 4 – Encourage the rational and appropriate use of prescription drugs

Better Use / Better Care

Drugs are one of the fastest growing categories of health care spending, yet evidence shows that pharmaceuticals are not always prescribed or used effectively or appropriately.

- **The Drug Advisory Committee of Saskatchewan (DACS)**

  The Drug Plan has established the Drug Advisory Committee of Saskatchewan and relies on the expertise of the DACS to provide independent, specialized advice on drug-related matters. The committee provides advice concerning which drug products should be considered for public funding based on evidence-based reviews of the products.

- **The Common Drug Review**

  The Canadian Agency for Drugs and Technologies in Health's (CADTH's) Common Drug Review (CDR) process provides the Drug Plan with objective, rigorous clinical and cost-effective reviews of new drugs.

- **Exception Drug Status (EDS)**

  Exception Drug Status drugs are products that are listed in the Saskatchewan Formulary with specific medical criteria or conditions for use. Generally, drug products are recommended for EDS status when there are specific circumstances where use is particularly beneficial; where the drug has potential for the development of widespread inappropriate use; where the drug is more expensive than listed alternatives and offers an advantage in only a limited number of indications; etc. EDS listing can encourage more appropriate prescribing.

- **Partnerships with the University of Saskatchewan's College of Pharmacy and Nutrition**
  - The Drug Plan is a partner in the University of Saskatchewan's Joint Initiative on Adherence, which encourages appropriate use of medications in the province through educational and research initiatives.
  - The Drug Plan provides funding for the Saskatchewan Drug Utilization and Outcomes Research Team (SDUORT). The SDUORT initiative enables the provision of focused research in a timely manner to inform Drug Plan policies and to aid in evidenced based decision-making.

- **Prescription Review Program**

  The Drug Plan provides funding for the Prescription Review Program, which is a program operated by the College of Physicians and Surgeons on behalf of program partners to reduce the risk of abuse, misuse and diversion of certain drugs (primarily narcotics, sedative-type hypnotics and stimulants).

- **RxFiles Academic Detailing Program**

  The Drug Plan provides an annual grant to the Saskatoon Regional Health Authority to operate the provincial RxFiles Academic Detailing Program. Academic detailing is a form of education outreach, which consists of focused one-on-one interactions between a drug professional and physicians and other health professionals in the community. Academic detailing programs are

based on scientific and objective analysis and are aimed at achieving optimum levels of efficacy, safety and economy in drug therapy.

Better Teams

- **Electronic Health Record/Electronic Medical Record (EHR/EMR)**

  The EHR is a provincial initiative that provides a centralized source of information about a patient's lab tests, radiology results, drug information, and other important health information. The EHR improves the flow of communication across care settings to give clinicians and patients the right information.

  The Ministry of Health, in partnership with the Saskatchewan Medical Association, implemented EMRs. The EMR is software used in physician's clinics to automate office functions to store all patient information electronically. EMRs have the capacity to download patient information from the EHR.

  The goal of an EHR combined with an EMR is to have the right information in the right hands at the right time to make timely health decisions.

- **Pharmaceutical Information Program (PIP)**

  The Ministry's Pharmaceutical Information Program enhances patient safety by helping authorized health care users select the best medication, avoid drug interactions, identify inappropriate drug dosages, avoid duplication of therapy and identify possible prescription drug abuse. It facilitates the team approach to patient care by sharing information across the continuum of care.

- **Pharmacist Prescribing**

  In collaboration with physicians and other health care professionals, expanded prescriptive authority for Saskatchewan pharmacists recognizes the ability of pharmacists to improve health care delivery in the province. It also provides an increased emphasis on the importance of pharmacists' role in interdisciplinary collaboration and team-based care.

  Saskatchewan pays a fee to a pharmacy when a pharmacist extends or adapts a patient's medication prescription in certain situations under prescriptive authority. The extension or adaptation of the medication prescription is available at no cost to any provincial resident.

  Pharmacies are also paid a fee when a pharmacist prescribes an eligible prescription medication according to the "*Guidelines for Minor Ailment Prescribing*".

- **Saskatchewan Medication Assessment Program (SMAP)**

  The SMAP is a standardized approach for pharmacists to assess a patient's medication therapy and communicate with their physician and/or health care provider(s) to resolve identified issues. The purpose of the SMAP is to support seniors, who meet specific criteria, in continuing to live in the community by ensuring they are able to adhere to safe and effective medication therapy.

Supplementary Health and Family Health Benefits

Program Objective

To provide benefits for non-insured health services to people nominated for coverage by the Ministries of Social Services, Justice and Advanced Education.

Highlights for 2016-17

- The average number of people registered on programs in 2016-17 with eligibility for Supplementary Health benefits was **52,851.**
- The average number of people eligible for Family Health Benefits was **48,238**. This includes both children who are eligible for all benefits and adults who are eligible for limited benefits.
- The average number of seniors eligible for the Seniors Income Plan was **11,255**.

Supporting Information

Table 6 Supplementary Health and Family Health Benefits Payments [1]

April 2016 - March 2017

Services	Saskatchewan Assistance Plan	Government Wards	Provincial Correctional Institutions	Seniors' Income Plan Recipients in Special Care Homes	Family Health Benefits	Other Beneficiary Categories [2]	Totals
Over-the-Counter Drugs	$2,066,227	$242,850	$193,188	$191,778	$93,438	$19,485	**$2,806,965**
Medical Supplies and Appliances	$867,808	$83,386	$5,255	$21,872	$60,514	$14,771	**$1,053,606**
Northern Medical Transportation (Air)	$1,454,352	$6,127	$6,125	$0	$52,330	$17,654	**$1,536,588**
Northern Medical Transportation (Ground)	$2,618,271	$20,474	$2,943	$0	$64,044	$34,814	**$2,740,547**
Medical Services	$448,334	$4,251	$1,894	$0	$1,872	$1,019	**$457,370**
Dental Services	$8,488,285	$1,019,301	$702,181	$9,311	$2,828,054	$126,757	**$13,173,889**
Optical Services	$1,349,405	$168,310	$115,691	$3,962	$566,156	$255,544	**$2,459,068**
Ambulance Services	$3,014,241	$127,671	$102,225	$41,740	$165,312	$32,016	**$3,483,206**
Chiropractic Services	$429,543	$11,296	$1,112	$1,800	$506,137	$232,563	**$1,182,451**
Total: Supplementary Health and Family Health Benefits	**$20,736,465**	**$1,683,667**	**$1,130,615**	**$270,463**	**$4,337,858**	**$734,622**	**$28,893,689**

1 Some items may not balance due to rounding

2 Other Beneficiary Categories include: Assisted Adoption, Job Training and Seniors Income Plan

Supplementary Health and Family Health Benefits

Table 7 Historical Costs of Supplementary Health and Family Health Benefits Payments [1]

April 2016 - March 2017

Services	2012-13	2013-14	2014-15	2015-16	2016-17
Over-the-Counter Drugs	$2,383,764	$2,552,323	$2,668,625	$2,596,636	$2,806,965
Medical Supplies and Appliances	$1,196,609	$1,084,229	$962,634	$1,068,618	$1,053,606
Northern Medical Transportation (Air)	$1,040,314	$1,369,834	$1,457,652	$1,439,654	$1,536,588
Northern Medical Transportation (Ground)	$2,385,479	$2,298,214	$2,328,064	$2,627,477	$2,740,547
Medical Services	$454,731	$464,509	$457,186	$449,633	$457,370
Dental Services	$11,328,498	$10,887,664	$11,629,964	$12,515,559	$13,173,889
Optical Services	$2,340,648	$2,093,450	$2,236,131	$2,316,305	$2,459,068
Ambulance Services	$2,980,613	$2,732,912	$2,893,842	$3,049,775	$3,483,206
Chiropractic Services	$1,325,162	$1,208,517	$1,165,457	$1,161,459	$1,182,451
Total: Supplementary Health and Family Health Benefits	$25,435,816	$24,691,652	$25,799,556	$27,225,116	$28,893,689

Note: Includes Seniors Income Plan Payments

1 Some items may not balance due to rounding

1. Over-the-Counter Drugs

Supplementary Health provides certain physician prescribed over-the-counter drugs at a reduced charge, to a maximum of $2.00, for Plan One beneficiaries and without charge for Plan Two and Three beneficiaries. Formulary and over-the-counter drug benefits for the different levels of Supplementary Health coverage are outlined on page 9.

2. Medical Supplies and Appliances

All Supplementary Health beneficiaries and children with Family Health Benefits coverage are covered for a wide range of medical supplies, appliances and devices when prescribed by a physician.

Supplementary Health and Family Health Benefits

3. **Northern Medical Transportation Program**

   Benefits of the Northern Medical Transportation Program include:

   - emergency medical evacuation from locations in the north for all Saskatchewan residents; and,
   - non-emergency medical transportation for Supplementary Health beneficiaries and children with Family Health Benefits coverage residing in northern Saskatchewan to access medical appointments outside their community.

4. **Medical Services**

   Supplementary Health and Family Health Benefits covers the cost of non-insured third party reports requested by the Ministry of Social Services. These reports are used to determine the level of required nursing care, rehabilitation potential and employability.

5. **Dental Services**

   Coverage includes basic preventive, restorative, exodontic, and prosthetic dental services for all Supplementary Health beneficiaries and children with Family Health Benefits coverage.

6. **Optical Services**

   Eyeglasses are covered for all Supplementary Health beneficiaries and children with Family Health Benefits coverage, whether provided by an optometrist or ophthalmic dispensary. There is an upper limit on the amount paid for eyeglass frames.

   The cost of eye examinations is covered for Supplementary Health beneficiaries 18 years of age and over, Seniors Income Plan recipients and adults with Family Health Benefits coverage. Eye examinations for children are covered on a universal basis by the Medical Services Branch.

7. **Ambulance Services**

   Emergency medical transportation by road ambulance is a benefit for all Supplementary Health beneficiaries and children with Family Health Benefits coverage.

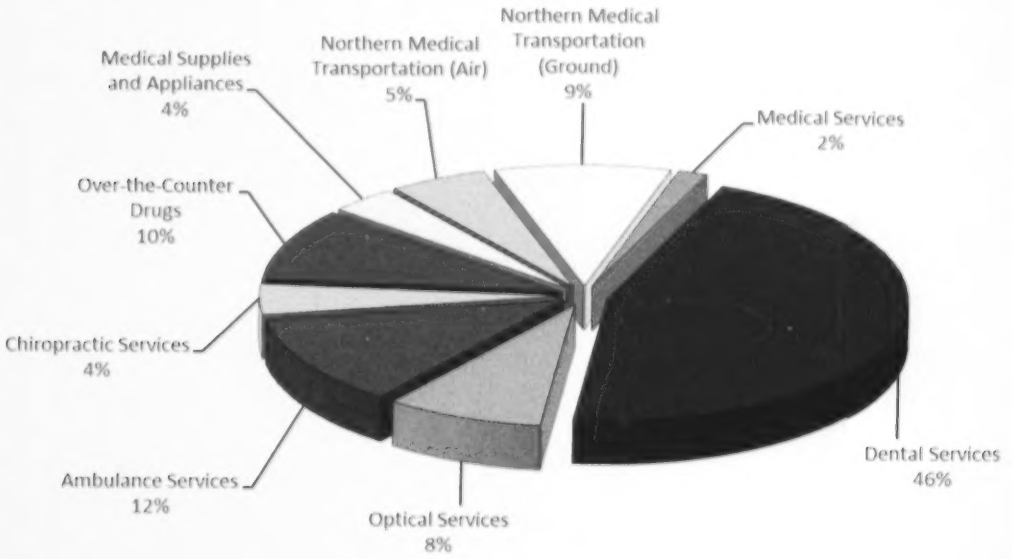
8. **Chiropractic Services**

   A maximum of 12 chiropractic services per year are covered for Supplementary Health, Family Health Benefits and Seniors Income Plan beneficiaries.

Supplementary Health and Family Health Benefits

Chart 2 Supplementary Health and Family Health Benefits Payments by Program Area

April 2016 - March 2017



Saskatchewan Aids to Independent Living (SAIL)

Program Objective

SAIL was established to provide benefits that assist people with physical disabilities achieve a more active and independent lifestyle and to assist people in the management of certain chronic health conditions. The program provides a basic level of coverage for disability related equipment, devices, products and supplies in order to achieve the best possible care, experience and health for beneficiaries.

Highlights for 2016-17

- The SAIL program provided benefits in the amount of $43.5 million.
- The following programs account for 79.5% of total SAIL payments:
  - Home Oxygen Program (32.0%);
  - Special Needs Equipment Program (16.2%);
  - Orthopaedic Services (16.4%); and,
  - Paraplegia Program (14.9%).

Saskatchewan Aids to Independent Living (SAIL)

Supporting Information

Table 8 Caseloads and SAIL Payments

April 2016 - March 2017

	2015-16		2016-17	
	Caseload	Expenditures	Caseload	Expenditures
Universal Programs				
Orthopaedic Services	9,457	$7,041,662	9,299	$7,140,197
Special Needs Equipment	n.a	$6,930,336	n.a	$7,026,061
Home Oxygen	4,767	$13,426,364	5,003	$13,925,899
Respiratory Equipment	n.a	$2,034,501	n.a	$1,970,202
Therapeutic Nutritional Products	186	$311,034	171	$349,586
Children's Enteral Feeding Pump	250	$520,893	213	$452,834
Special Benefit Programs				
Paraplegia Program	1,883	$6,015,771	1,952	$6,482,383
Cystic Fibrosis	147	$214,634	153	$233,847
Chronic End-Stage Renal Disease	1,133	$3,280,056	1,225	$3,049,316
Ostomy Program	3,251	$1,869,480	3,919	$1,948,432
Haemophilia	23	$28,877	28	$25,088
Aids to the Blind	n.a	$440,746	n.a	$441,148
Saskatchewan Insulin Pump [1]	277	$321,300	314	$459,900
Total		**$42,435,655**		**$43,504,892**

Note: n.a. is not available as volumes are captured as the number of equipment units issued (see page 27).

1 Includes cost of pumps only. Supply costs are included in the Drug Plan.

Universal Benefit Programs

Orthopaedic Services
(Prosthetics and Orthotics Program and Compression Garment Program)

Prosthetic Appliances – Artificial limbs and accessories are supplied, fitted, adjusted and repaired.

Orthotic Appliances – Higher-cost back braces and upper and lower extremity braces and splints are supplied, fitted, adjusted, and repaired. High-cost knee braces are cost shared with clients.

The above services are supplied by the Orthotics and Prosthetics Departments of the Wascana Rehabilitation Centre in Regina and the Saskatchewan Abilities Council in Saskatoon. Limited coverage (the cost of materials only) is available when services are accessed through private service providers.

Specialized and Adaptive Seating – Adaptations to wheelchairs to ensure safety and proper fit are supplied and adjusted.

Saskatchewan Aids to Independent Living (SAIL)

Compression/Burn Garments – Moderate to high pressure compression garments for the management of serious conditions are provided.

Adaptive and Rehabilitation Equipment – Limited equipment for in-home rehabilitation and therapy for children is available.

Special Needs Equipment Program

Mobility and environmental aids are loaned, maintained and repaired. Equipment available for loan includes wheelchairs, walkers, specialized crutches, hospital beds, transfer assists, bathtub lifts and commodes.

The Special Needs Equipment Program is operated by the Saskatchewan Abilities Council under contract with SAIL. Equipment depots are located in Prince Albert, Regina, Saskatoon, Swift Current and Yorkton.

Home Oxygen Program

Home oxygen and related equipment are benefits under SAIL for Saskatchewan residents who meet medical criteria or who meet the criteria for end stage palliative care. The oxygen systems are supplied by private medical oxygen supply companies under contract with SAIL.

Respiratory Equipment Program

Home respiratory equipment such as ventilators, continuous positive airway pressure (CPAP) and bi-level flow generators, portable and stationary suctioning equipment, and tracheostomy humidification compressors are loaned, maintained and repaired. SAIL provides financial assistance towards the purchase of aerosol therapy compressors (nebulizers) for eligible beneficiaries, who are responsible for maintenance and repairs. The program covers the cost of consumable tracheostomy and laryngectomy supplies. Coverage is also provided for spirometers which are required following lung transplants.

Therapeutic Nutritional Products Program

The program provides assistance towards the cost of specialized nutritional products for people with complex medical conditions who rely on those products as their primary nutritional source. The program assists with the incremental cost associated with using these products in place of a regular diet. Program benefits are cost shared between clients and the Ministry of Health, with the client's portion varying based on a number of factors, including family income and drug costs.

Children's Enteral Feeding Pump Program

Feeding pumps are provided by SAIL on a loan basis to children who require nasogastric or gastrostomy pump feeding. Select consumable supplies associated with pump feeding are also a benefit.

Saskatchewan Aids to Independent Living (SAIL)

Special Benefit Programs

In addition to universal SAIL program benefits, extended coverage is provided to beneficiaries with certain chronic health conditions.

Paraplegia Program

Benefits are available for individuals who have paralysis of all or most of the lower limbs and trunk due to a lesion or disease affecting the spinal cord. Drugs listed in the Saskatchewan Formulary, drugs approved under Exception Drug Status and select physician prescribed over the counter drugs are a benefit. Bladder and bowel incontinence products, wound management and other medical supplies for chronic conditions are also provided. Limited specialized rehabilitation equipment is purchased for clients. Grants are provided for purchases related to home access and vehicle modifications.

Cystic Fibrosis Program

Drugs listed in the Saskatchewan Formulary, drugs approved under Exception Drug Status and select physician prescribed over the counter drugs are benefits of the program. In addition, certain nutritional supplements are covered for individuals with cystic fibrosis.

Chronic End-Stage Renal Disease Program

Drugs listed in the Saskatchewan Formulary, drugs approved under Exception Drug Status and select physician prescribed over the counter drugs are a benefit for persons with end-stage renal disease requiring dialysis and kidney transplant recipients.

Ostomy Program

SAIL covers fifty percent of the cost of certain ostomy supplies, such as appliances, adhesives and adhesive removers, for individuals with a urinary or bowel diversion.

Haemophilia Program

SAIL covers the cost of medical supplies associated with home infusion for the treatment of haemophilia.

Aids to the Blind Program

The program provides or subsidizes the cost of select low vision aids, assistive devices and vision rehabilitation services to individuals living with vision loss. Aids and devices include braillers, white canes, talking calculators, phones, labellers, scales, watches, magnifiers, digital playback units, multifunctional electronic devices and low vision eyewear. Equipment and low vision services are provided by the Canadian National Institute for the Blind (CNIB) under contract with SAIL.

Saskatchewan Aids to Independent Living (SAIL)

Saskatchewan Insulin Pump Program

The program covers the cost of an insulin pump for individuals 25 years of age or younger who have Type 1 diabetes and meet medical criteria. Financial assistance is also available for insulin pump supplies for qualifying individuals. Pump supplies are processed as benefits through the Drug Plan system and are subject to family deductibles and/or co-payments.

Table 9 Units of Equipment Issued[1]

April 2016 - March 2017

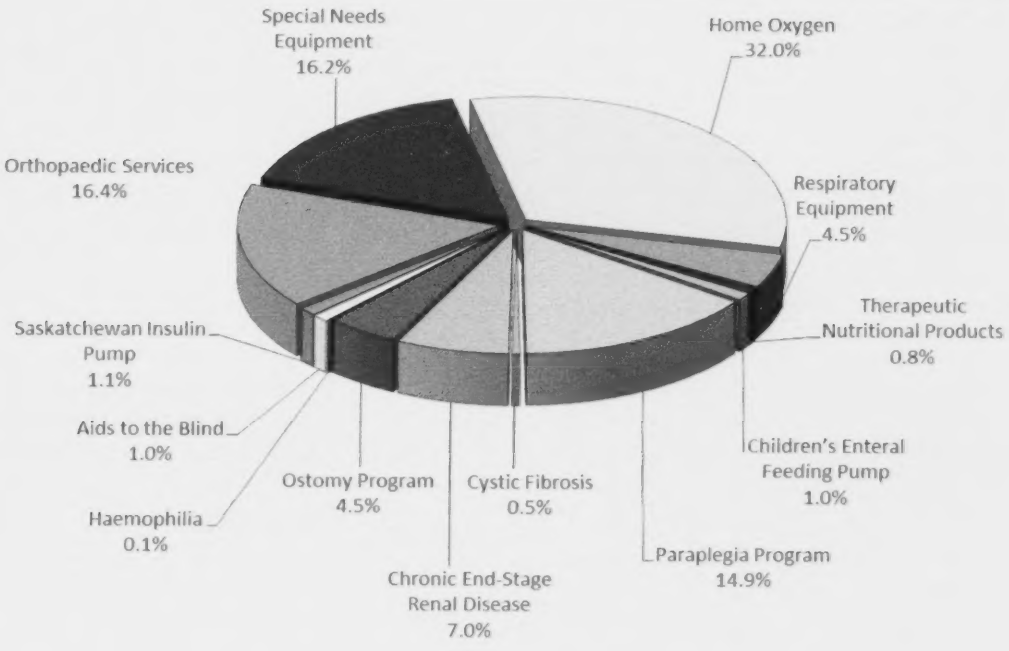
Program	2012-13	2013-14	2014-15	2015-16	2016-17
Special Needs Equipment	31,053	35,236	35,243	35,669	35,835
Respiratory Equipment	2,155	2,102	2,351	2,300	2,857
Aids to the Blind	1,208	1,108	1,277	1,295	1,201

1 A unit of equipment is a discrete loan item (e.g. wheelchair, walker, sask-a-pole, cushion, ventilator, CPAP machine, suction machine, talking book player, white cane)

Saskatchewan Aids to Independent Living (SAIL)

Chart 3 SAIL Payments by Program Area

April 2016 - March 2017



Appendices

Appendix 1 Drug Plan History

Since its inception, over 43 years ago, the Saskatchewan Drug Plan has provided a high quality of service to the people of Saskatchewan in the delivery of a prescription drug coverage program.

1974	**May 10** – Enabling legislation for the Drug Plan, The Prescription Drugs Act, was assented to on May 10.
1975	**September 1** – The Drug Plan began providing benefits. A review process was established to recommend which drugs should be covered under the Drug Plan. The actual acquisition cost plus a dispensing fee comprised the total cost of a Formulary drug.
1987	**July 1** – A mark-up on the cost of a drug was added. Mark-up was calculated on the acquisition cost before the dispensing fee was added.
	July 1 – The Drug Plan was changed from a fixed co-payment coverage program to a basic deductible* and percentage co-payment program. Those residents entitled to special health benefits were exempted.
	July 1 – Palliative Care coverage was introduced.
1989	**January 1** – Point of Sale terminals were installed for each pharmacy to submit claims information electronically for adjudication online in real time.
	January 1 – Eligible drugs purchased anywhere in Canada by all eligible Saskatchewan residents became a benefit.
1991	**March 8** – Beneficiaries in Special Care Homes, who previously paid a maximum $3.95 for each prescription, became part of the deductible plan.
	July 1 – The coverage policy for drugs in an interchangeable group was changed. The actual acquisition cost of every product in the interchangeable group was now covered only up to lowest listed price in the group.
1997	**October** – A Managed Care Fee was implemented for community-based pharmacies that provide monitoring, supervision and other required activities to administer the Methadone Program.
	December – Task Force on High Cost Drugs was appointed to determine appropriate improvements to the way government evaluates new pharmaceuticals.
1999	**August** – A Trial Prescription Program was implemented.
2000	The Prescription Drug Plan, in partnership with the Saskatoon Health District, implemented the RxFiles Academic Detailing Program as an educational program aimed at assisting physicians in selecting the most appropriate and cost-effective drug therapy for their patients. This program was an extension of the Community Drug Utilization Program, established in 1997 as a pilot project in the district.
2002	**July** – The Income-based Program was implemented, replacing the semi-annual deductible.
2004	**July 1** – The Maximum Allowable Cost policy was implemented with one group of drugs, the Proton Pump Inhibitors, using the price of the most cost effective drugs as a guide to set the maximum price the Drug Plan would cover for other similar drugs used to treat the same condition.
	September 15 – Following a legislative change, the Drug Plan began collecting information on all prescriptions dispensed from community pharmacies, including those that were not benefits of the Drug Plan.

Appendices

2005	**October 24** – The Pharmaceutical Information Program (PIP) Medication Profile Viewer (MPV) phase began with a pre-production rollout to selected sites to validate production processes.
2006	**March** – Full production rollout of the PIP Medication Profile Viewer to pharmacies, emergency rooms, physician clinics, long-term care and home facilities as they were equipped and trained. The MPV provides authorized health care professionals with confidential shared access to patient medication histories to help improve drug therapy for Saskatchewan residents.
	July 1 – The Drug Plan computer system was changed to allow for indefinite Exception Drug Status (EDS) coverage on a large number of EDS medications that are used to treat chronic conditions that previously could only be approved for three years at a time.
	October 3 – The Executive Director of the Drug Plan and Extended Benefits Branch was given a Delegation of Authority for Interchangeable Generic Drug Coverage, as per Ministry policy.
2007	**July** – The second phase of PIP e-prescribing began and became available for physicians and registered nurses/nurse practitioners to prescribe electronically.
2009	**December 21** – The appointments to the newly created Drug Advisory Committee of Saskatchewan (DACS) were approved, which marked a significant change in the Saskatchewan drug review process.
2010	**January 15** – Pharmacists were able to bill two new benefit services, the Medication Assessment and the Compliance Packaging, to the Drug Plan and Extended Benefits Branch for eligible community-based clients who require medication management through Home Care services.
	March – Approximately 99% of pharmacies have access to PIP.
	March – PIP Implementation is in its final phase, which is to integrate PIP with health provider computer systems.
	March 31 – Project Development of PIP was completed. The Drug Plan and Extended Benefits Branch became the business owner of PIP for the Ministry of Health.
	Fall – The initial pilot phase of PIP integration using a national electronic messaging standard (CeRx) was launched in 14 pharmacies across the province.
	October 1 – Eligible clients for the Medication Assessment and Compliance Packaging fees was expanded to include individuals identified by regional outpatient mental health programs.
2011	**March 4** – Pharmacists were able to bill Patient Assessment Fees for services provided under the expanded prescriptive authority for pharmacists. This expanded authority will provide Saskatchewan residents with easier access to their medications when they need them and will benefit residents through more efficient and accessible health care services.
	April 1 – The first group of Standing Offer Contract (SOC) products expired. Products in these former SOC categories transitioned to 35% of the brand name price. The price requirement for first entry generic drug submissions received after April 1st became 40% of brand name.
	May 1 – A select group (fewer than 20) of existing generic drugs transitioned to 45% of brand name.
	June 1 – The price requirement for the remainder of existing generic drugs became 45% of brand name.
	June 1 – Changes to the wholesale mark-up and cap were implemented. A wholesale mark-up of 6% will be included in the maximum allowable unit price for generic drugs. This is in lieu of the distribution fee previously paid by generic drug manufacturers to drug wholesalers, which resulted in a 0% wholesale mark-up on generic drugs. The 6% mark-up is non-rebatable to pharmacies except for a maximum 2% discount for prompt payment. The cap on wholesale mark-up increased from $40 to $50 per package.
	October 1 – Products in the second group of SOCs expired and the price transitioned to 35% of brand name.

Appendices

2012	**February 1** – Reimbursement to pharmacies for minor ailment prescribing when an eligible prescription medication is prescribed by pharmacists according to the *"Guidelines for Minor Ailment Prescribing"*. These services are available at no cost to Saskatchewan residents with valid health coverage. Saskatchewan is the first province to pay for the work and responsibility associated with prescribing for a minor ailment.
	April 2 – The price requirement for most existing generic drugs, and for first entry generic submissions, became 35% of brand name.
	May 24 – The addition of four minor ailment conditions covered under minor ailment prescribing.
	November 2 – Implementation of a new medication process allowing pharmacists to bill up to six months of prescriptions that meet specific criteria through the Drug Plan computer system, compared to three months previously.
2013	**April 1** – as a result of the pan-Canadian Pharmaceutical Alliance Generic Price Initiative, Canadian provinces and territories reduced six high volume molecules to 18% of the equivalent brand name drug.
	July 8 – Implementation of the Saskatchewan Medication Assessment Program (SMAP). The purpose of the SMAP is to support seniors in continuing to live in the community within their own home by ensuring they are able to adhere to safe and effective medication therapy.
2014	**April 1** – Four additional high volume molecules were reduced to 18% of the equivalent brand name drug as part of the pan-Canadian Pharmaceutical Alliance Generic Price Initiative.
	April 1 – Implementation of a new Generic Tiered Pricing Framework which sets generic product prices upon market entry, followed by a tiered price reduction as additional generic brands enter the market.
	May 1 – The addition of eight minor ailment conditions covered under minor ailment prescribing.
2015	**February 9** – Saskatchewan serves as the single point of entry for the pan-Canadian Pharmaceutical Alliance coordinated price tier confirmation process.
	April 1 – Four additional high volume molecules were reduced to 18% of the equivalent brand name drug as part of the pan-Canadian Pharmaceutical Alliance Generic Price Initiative.
	July 1 – The income threshold that determines eligibility for the Seniors' Drug Plan was lowered from the federal age credit to the provincial age credit.
	October 19 – Payment to pharmacies for pharmacist administration of flu vaccines to Saskatchewan residents as part of the provincial influenza immunization program.
2016	**April 1** – Four additional high volume molecules were reduced to 18% of the equivalent brand name drug as part of the pan-Canadian Pharmaceutical Alliance Generic Price Initiative.
2017	**January 16** – The Maximum Allowable Cost (MAC) Policy was expanded to include intranasal corticosteroids. As well, the MAC price threshold was changed for proton pump inhibitors.

* Refers to **History of Deductibles**

Appendices

Appendix 2 History of Deductibles

July 1, 1987	Annual deductible of $125 (regular family), then a co-payment of 20%.
	Annual deductible of $75 (senior family), then a co-payment of 20%.
	Annual deductible of $50 (single senior), then a co-payment of 20%.
March 8, 1991	Annual deductibles as above (1987), then a co-payment of 25%.
	Residents of Special Care Homes became part of the deductible program.
May 19, 1992	Semi-annual deductible of $190 (regular family), then a co-payment of 35% to a $375 maximum, then 10% co-payment.
	Single senior and senior family deductibles at 1987 level but became semi-annual, with a co-payment of 35% to a $375 maximum, then 10% co-payment.
March 19, 1993	Families became eligible for the Special Support program, where families and the Drug Plan shared the cost of prescriptions, if the cost for covered drugs exceeded 3.4% of the family income. The family co-payment for each covered prescription was set based on the relation between family income and eligible drug cost. Family Income Plan recipients, Saskatchewan Income Plan recipients, and Guaranteed Income Supplement recipients in special care homes, had a semi-annual deductible of $100, then a co-payment of 35%. All other Guaranteed Income Supplement recipients had a semi-annual deductible of $200, then a co-payment of 35%. All other family units subject to a deductible and not approved for Special Support had a semi-annual deductible of $850, then a co-payment of 35%.
December 1, 1997	The $50,000 family income cap for the Special Support Program was removed.
August 1, 1998	The Family Health Benefits Program was introduced to replace the Family Income Plan. The program provided adults with a semi-annual deductible of $100, then a co-payment of 35%, and no charge for children.
July 1, 2002	The income-based program replaced the semi-annual deductible of $850 that began in 1993.
July 1, 2007	Saskatchewan residents 65 years and older automatically became covered under the Seniors' Drug Plan that capped prescriptions at $15 for drugs listed under the Saskatchewan Formulary.
July 1, 2008	The amended Seniors' Drug Plan took effect. It provides a $15 cap per prescription to those seniors eligible for the federal age credit.
	The Children's Drug Plan took effect, providing a $15 cap per prescription for children 14 and under.
March 21, 2012	The Seniors' and Children's Drug Plan payment cap per prescription increased to $20.
June 1, 2016	The Seniors' and Children's Drug Plan payment cap per prescription increased to $25.

Appendices

Appendix 3 Pharmacy Claims Processing

Information relating to the process for submission of pharmacy claims, pharmacy reimbursements and prescription quantities can be found on the Formulary website http://formulary.drugplan.ehealthsask.ca or the Ministry of Health website http://www.saskatchewan.ca/residents/health

The following table provides a history of maximum dispensing fees and pharmacy mark-up fees according to agreement between the Ministry of Health and the pharmacy proprietors:

Dates	Dispensing Fee	Mark-Up
August 1, 2009 to July 31, 2010	$9.15	30% for drug cost up to $6.30; 15% for drug cost between $6.31 and $15.80; 10% for drug cost of $15.81 to $200.00, and a maximum mark-up of $20.00 for drug cost over $200.00.
August 1, 2010 to April 30, 2011	$9.43	
May 1, 2011 to March 31, 2012	$9.85	
April 1, 2012 to April 30, 2013	$10.25	
May 1, 2013 to March 31, 2014	$10.75	
April 1, 2014 to August 31, 2015	$11.25	
September 1, 2015 to August 31, 2017	$11.40	

Note: The tiered mark-up and dispensing fee do not apply for diabetic supplies.

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Appendix 4 Supplementary Health and Family Health Benefits Program History

1966	**April 1** – The Saskatchewan Assistance Plan was instituted. Several categories of beneficiaries under the Medical Services Division were combined into one program with the basis of need becoming the criteria to determine eligibility.
1968	**September 1** – Coverage for refractions was moved to Saskatchewan Medical Care Insurance.
1975	**September 1** – Responsibility for payment of Formulary drugs and of prosthetic and orthotic appliances for Social Assistance beneficiaries was taken over by the Saskatchewan Prescription Drug Plan and by the Saskatchewan Aids to Independent Living Program respectively.
1981	**July 1** – Program eligibility was expanded to include benefits for non-recipients of Social Assistance receiving level 2, 3, and 4 special care home or long-term hospital care where incomes are at or below the Saskatchewan Income Plan level.
1984	**May 1** – Responsibility for emergency medical transportation costs by road ambulance and Saskatchewan Government air ambulance for Supplementary Health beneficiaries was transferred from the Department of Social Services.
1992	**June 1** – Eye examinations were added to coverage for Supplementary Health beneficiaries over the age of 17, and for adults receiving the Family Income Plan and the Saskatchewan Income Plan supplements. **September 8** – Services of chiropractors became fully covered for Supplementary Health, Family Income Plan and Saskatchewan Income Plan beneficiaries.
1993	**June 30** – Supplementary Health began providing dental coverage for children in families that received the Family Income Plan supplement.
1997	**May 1** – The Ministry began providing all Supplementary Health benefits for children in Family Income Plan families.
1998	**August 1** – The Ministry began providing Family Health Benefits for families who received the Saskatchewan Child Benefit and/or the Saskatchewan Employment Supplement. Family Income Plan recipients became part of Family Health Benefits.
2010	**April 1** – The number of chiropractic treatments covered for Supplementary Health, Family Health Benefits and Seniors Income Plan recipients was capped at 12 per year.
2014	**October 1** – Addition of visual field testing for Seniors Income Plan recipients.

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Appendix 5 Saskatchewan Aids to Independent Living (SAIL) Program History

1975	**April 1** – SAIL began providing benefits to eligible residents for prosthetic/orthotic devices. **August 1** – SAIL benefits expanded to provide equipment loans and equipment repairs for all residents of the province.
1976	**April 1** – SAIL took over responsibility for: the Paraplegia Program, which covers the cost of incontinence products, medical supplies and select rehabilitation equipment recommended by the attending physician as well as providing grants for home and vehicle modifications; the Cystic Fibrosis Program, which provides drugs and nutritional supplements for certain beneficiaries; and the Chronic End Stage Renal Disease Program, which provides assistance with the cost of necessary medications for certain beneficiaries.
1979-80	The Ostomy and Home Haemophilia programs were added.
1984-85	Coverage expanded to include aids and services required by the blind residents in the province.
1987	**June** – The responsibility for the acquisition, distribution and repair of Special Needs Equipment (e.g. wheelchairs, patient lifts, etc.) was transferred to the Saskatchewan Abilities Council. SAIL continues to fund the full cost of the program. **August** – Assumed responsibilities for the administration of the Home Oxygen Program from the Drug Plan. **September** – responsibility for the acquisition, distribution and repair of equipment required by the blind was transferred to the Canadian National Institute for the Blind (CNIB). SAIL continues to provide funding to CNIB for delivery of these services.
1996-97	Benefits under the Home Oxygen Program were granted according to certain medical criteria.
2003-04	The Therapeutic Nutritional Products Program was added to assist with the incremental cost associated with using nutritional products in place of a regular diet.
2007	**July** – The Saskatchewan Children's Insulin Pump Program was added to assist with the costs of insulin pumps and related supplies for children 17 years of age or younger who have Type 1 diabetes and meet specific medical criteria.
2011	**July 1** – Responsibility for the policy and operation of the Phenylketonuria (PKU) Program transferred from the Population Health Branch to the Drug Plan and Extended Benefits Branch.
2012	**January 1** – Low protein food was added as a benefit for clients registered on the PKU Program. **January 1** – The Saskatchewan Children's Insulin Pump Program, previously for children 17 years of age or younger, was expanded to include individuals who are 25 years of age and under. The program was renamed the Saskatchewan Insulin Pump Program. **April 1** – Expansion of online billing for eligible ostomy products and supplies covered under the Ostomy Program. **September 25** – Implementation of online billing for nutritional supplements that are benefits under the Cystic Fibrosis Program.

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2013	**May 1** – The Special Needs Equipment Program replaced all manual hospital beds with electric hospital beds.
	October 1 – Night garments and gel sheets were added as new benefits to the Compression Garment Program and the criteria for arm sleeves was expanded to include lower compressions.
	October 4 – Implementation of online billing for select medical supplies that are benefits under the Paraplegia Program.
	November 14 – Addition of a bariatric home access grant option under the Paraplegia Program.
2014	**April 1** – Expansion of the Aids to the Blind Program benefit list to include new technology.
	June 1 – Addition of craniofacial and palatal prostheses under the Prosthetics and Orthotics Program.
	July 7 – Addition of functional electrical stimulation (FES) devices for foot drop under the Prosthetics and Orthotics Program.
	September 10 – Addition of tracheostomy and laryngectomy supplies under the Respiratory Equipment Program.